

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

ADDRESS (number and street) ▼

4965 US Hwy 42

Suite 2000

☐ Check if different than previously reported. (ACC)

Louisville

KY

46220

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00016444

3. IS THIS REPORT ☐ NEW (N) OR ☒ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only) ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only) ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)(c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ PRE-Election Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S) ☐ POST-Election Report for the:

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 01 2011 through M M M / D D D / Y Y Y Y Y Y 12 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David R. Watkins

Signature of Treasurer

David R. Watkins

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y 04 03 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 01 2011 To: M M / D D / Y Y Y Y Y Y
12 31 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2011		49648.88
(b) Cash on Hand at Beginning of Reporting Period.....	49648.88	
(c) Total Receipts (from Line 19)	32658.18	32658.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	82307.06	82307.06
7. Total Disbursements (from Line 31)	12162.06	12162.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	70145.00	70145.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	1

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

21800.00

21800.00

(ii) Unitemized

7985.00

7985.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

29785.00

29785.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

1500.00

1500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

31285.00

31285.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

1356.00

1356.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

17.18

17.18

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

32658.18

32658.18

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

32658.18

32658.18

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	8666.37	8666.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8666.37	8666.37
22. Transfers to Affiliated/Other Party Committees.....	2000.00	2000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	495.69	495.69
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12162.06	12162.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12162.06	12162.06

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	31285.00	31285.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31285.00	31285.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	8666.37	8666.37
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1356.00	1356.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	7310.37	7310.37

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 25
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor James Beattie Jr., MD

Mailing Address 250 Park St

City State Zip Code
Bowling Green KY 42101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bowling Green Associated Pathologists

Occupation

Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 21 / 2011

Transaction ID : SA11AI.4178

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mrs. Cheryl Broster

Mailing Address 3629 Winding Woods Ln.

City State Zip Code
Lexington KY 40515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 21 / 2011

Transaction ID : SA11AI.4170

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Doctor James Donley MD

Mailing Address 5002 Lago Dr

City State Zip Code
Madisonville KY 42431-9435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Orthopaedic Services

Occupation

Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 21 / 2011

Transaction ID : SA11AI.4190

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor John Downing MD

Mailing Address 985 Matlock Pike

City

Bowling Green

State

KY

Zip Code

42104-7408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2011

Transaction ID : SA11AI.4264

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Doctor Christopher Frost MD

Mailing Address 120 Tradepark Dr Ste B

City

Somerset

State

KY

Zip Code

42503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dermatology Center of Lake Cumberland

Occupation

Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2011

Transaction ID : SA11AI.4192

Amount of Each Receipt this Period

875.00

Full Name (Last, First, Middle Initial)

C. Mrs. Sandra Frost

Mailing Address 488 Leaf Ln

City

Somerset

State

KY

Zip Code

42501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2011

Transaction ID : SA11AI.4176

Amount of Each Receipt this Period

875.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Gregory Gleis MD

Mailing Address 531 Primrose Way

City

Louisville

State

KY

Zip Code

40206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2011

Transaction ID : SA11AI.4196

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Doctor Linda Gleis MDMailing Address VAMC PM & R (117)
800 Zorn Ave

City

Louisville

State

KY

Zip Code

40206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2011

Transaction ID : SA11AI.4194

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Doctor Robert Granacher MD

Mailing Address 1401 Harrodsburg Rd Ste A400

City

Lexington

State

KY

Zip Code

40504-3701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2011

Transaction ID : SA11AI.4198

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Richard Heuer MD

Mailing Address 625 Waitsboro Dr

City

Somerset

State

KY

Zip Code

42503-8718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 09 / 2011

Transaction ID : SA11AI.4282

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Doctor Naren James MD

Mailing Address PO Box 388

City

Stanford

State

KY

Zip Code

40484

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stanford Family Medicine & Obstetrics

Occupation

Physician

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 12 / 2011

Transaction ID : SA11AI.4132

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Doctor Casey Johnson MD

Mailing Address 6400 Dutchmans Pkwy Ste 125

City

Louisville

State

KY

Zip Code

40205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kentucky Eye Care

Occupation

Physician

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 21 / 2011

Transaction ID : SA11AI.4204

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Joseph Kutz MD

Mailing Address 225 Abraham Flexner Way Ste 700

City State Zip Code
Louisville KY 40202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kleinert Kutz & Assoc HCC PLLC

Occupation
Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2011

Transaction ID : SA11AI.4144

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Doctor Eric Lydon MD

Mailing Address 2000 Long Knife Ct

City State Zip Code
Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Psychiatric Services

Occupation
Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2011

Transaction ID : SA11AI.4216

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Doctor Kevin Martin MD

Mailing Address 5788 Brookstone Dr

City State Zip Code
Cincinnati OH 45230-3596

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Cranley Surgical Associates

Occupation
Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2011

Transaction ID : SA11AI.4218

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Rick Miles MD

Mailing Address 124 Dowell Rd

City State Zip Code
 Russell Springs KY 42642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 19 / 2011

Transaction ID : SA11AI.4267

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Doctor Theodore Miller MD, PhD

Mailing Address 20 Medical Village Dr Ste 268

City State Zip Code
 Edgewood KY 41017-3473

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Head & Neck Surgery Assoc PSC

Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 21 / 2011

Transaction ID : SA11AI.4220

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Mrs. Geraldine Montgomery

Mailing Address 6414 Stinespring Dr

City State Zip Code
 Paducah KY 42001-8674

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 19 / 2011

Transaction ID : SA11AI.4260

Amount of Each Receipt this Period

875.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1325.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Wally Montgomery MD

Mailing Address 117 N 2nd St Ste 2202

City

Paducah

State

KY

Zip Code

42001-0741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2011

Transaction ID : SA11AI.4269

Amount of Each Receipt this Period

875.00

Full Name (Last, First, Middle Initial)

B. Doctor Eric Neils MD

Mailing Address 904 Squire Oaks Dr

City

Villa Hills

State

KY

Zip Code

41017-1371

FEC ID number of contributing
federal political committee.

C

Name of Employer

Radiology Assoc of No KY

Occupation

Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2011

Transaction ID : SA11AI.4224

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Doctor Preston Nunnelley Jr., MD

Mailing Address 1740 Nicholasville Rd

City

Lexington

State

KY

Zip Code

40503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Baptist Hospital

Occupation

Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2011

Transaction ID : SA11AI.4226

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor H. Michael Oghia MD

Mailing Address 726 Hwy 15N Ste 5

City

Jackson

State

KY

Zip Code

41339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 07 / 2011

Transaction ID : SA11AI.4166

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Doctor Shirishkumar Patel MD

Mailing Address 1501 Copper Creek Dr

City

Owensboro

State

KY

Zip Code

42303-1797

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physicians Affiliated Care PSC

Occupation

Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 21 / 2011

Transaction ID : SA11AI.4228

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Doctor Tracy Ragland MD

Mailing Address 7101 W Hwy 22

City

Crestwood

State

KY

Zip Code

40014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 21 / 2011

Transaction ID : SA11AI.4286

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 25
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor K. Thomas Reichard MD

Mailing Address 2425 Cherokee Pkwy

City

Louisville

State

KY

Zip Code

40204-2216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Physician

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2011

Transaction ID : SA11AI.4156

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mrs. Mary-Stuart Reichard

Mailing Address 2425 Cherokee Pkwy

City

Louisville

State

KY

Zip Code

40204-2216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2011

Transaction ID : SA11AI.4152

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Doctor William Shuffett MD

Mailing Address 212 Industrial Drive, Ste A

City

Greensburg

State

KY

Zip Code

42743

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired Physician

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2011

Transaction ID : SA11AI.4236

Amount of Each Receipt this Period

850.00

SUBTOTAL of Receipts This Page (optional)..... ►

1850.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Thomas Slabaugh Sr. MD

Mailing Address 2132 Island Dr

City

Lexington

State

KY

Zip Code

40502-3114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Commonwealth Urology, PSC - LMS Member

Occupation

Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 21 / 2011

Transaction ID : SA11AI.4238

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Doctor Gordon Tobin II, MD

Mailing Address 1505 Northwind Rd

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Surgical Associates PSC

Occupation

Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 21 / 2011

Transaction ID : SA11AI.4244

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Doctor Carolyn Watson MD

Mailing Address 2501 Kentucky Ave

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pathology Associates of Paducah PSC

Occupation

Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 21 / 2011

Transaction ID : SA11AI.4246

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Doctor Carolyn Watson MD

Mailing Address 2501 Kentucky Ave

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pathology Associates of Paducah PSC

Occupation

Physician

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2011

Transaction ID : SA11AI.4270

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Doctor John White MD

Mailing Address 712 Tamarack Ct

City

Richmond

State

KY

Zip Code

40475

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pulmonary Associates

Occupation

Physician

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2011

Transaction ID : SA11AI.4134

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Doctor Kathryn White MD

Mailing Address 1604 Fincastle Rd

City

Lexington

State

KY

Zip Code

40502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lexington Outpatient Anesthesia

Occupation

Physician

Receipt For: 2011

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2011

Transaction ID : SA11AI.4248

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

4000.00

TOTAL This Period (last page this line number only)..... ►

21800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 25
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Citizens for Affordable Healthcare

Mailing Address

City State Zip Code
Louisville KY

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 14 2011

Transaction ID : SA11C.4331

Amount of Each Receipt this Period

1500.00

PAC to PAC contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Kentucky Medical Association (KMA)

Mailing Address 4965 US Hwy 42
Suite 2000

City State Zip Code
Louisville KY 40222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1356.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 31 2011

Transaction ID : SA15.4330

Amount of Each Receipt this Period

1356.00

Refund Overpayment of Admin Fee

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1356.00

1356.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

1369.00

606.58

1369.00

FEC Schedule B (Form 3X) Rev. 02/2003

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

71.57

State: District:

232.10

State: District:

444.00

State: District:

747.67

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Three 7-segment displays are shown, each with a different number of segments lit. The first display shows '12' with 4 segments lit. The second display shows '13' with 5 segments lit. The third display shows '2011' with 10 segments lit. The displays are arranged horizontally and separated by slashes.

01:

1000.00

State: District:

MM / DD / YYYY

00

1199.94

State: District:

[illegible]

State: District:

2199.94

8666.37

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 25

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Kentucky Education Medical PAC-State

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2011

Mailing Address 4965 US Hwy 42
Suite 2000

City Louisville State KY Zip Code 40222

Purpose of Disbursement
Transfer to Affiliated State PAC

001

Transaction ID : SB22.4333

Amount of Each Disbursement this Period

2000.00

Candidate Name

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

2000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. Senate Republican Caucus Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2011

Mailing Address PO Box 1068

City	State	Zip Code
Frankfort	KY	40602

Purpose of Disbursement
Caucus Committee Contribution

011

Transaction ID : SB23.4116

Amount of Each Disbursement this Period

1000.00

Candidate Name

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2011
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1000.00

1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Full Name (Last, First, Middle Initial)

A. PNC Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Mailing Address 2500 Lime Kiln Lane

City	State	Zip Code
Louisville	KY	40222

Transaction ID : SB29.4123Purpose of Disbursement
October Credit Card Merchant Fees

001

Amount of Each Disbursement this Period

Candidate Name
Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)Category/
Type

244.15

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2011
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. PNC Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2011

Mailing Address 2500 Lime Kiln Lane

City	State	Zip Code
Louisville	KY	40222

Transaction ID : SB29.4124Purpose of Disbursement
November Credit Card Fees

001

Amount of Each Disbursement this Period

Candidate Name
Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)Category/
Type

122.95

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2011
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. PNC Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2011

Mailing Address 2500 Lime Kiln Lane

City	State	Zip Code
Louisville	KY	40222

Transaction ID : SB29.4125Purpose of Disbursement
December Credit Card Merchant Fees

001

Amount of Each Disbursement this Period

Candidate Name
Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)Category/
Type

32.30

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2011
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

399.40

399.40